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**GARY M. COHEN**  
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APR 04 2007

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April 4, 2007

## **FACSIMILE COVER SHEET**

Page 1 of 10

<b>TO:</b>  Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>RE:</b>  Application No. 10/534,267 Filed: May 6, 2005
<b>TELEPHONE:</b>  (571) 272-4715 Examiner: Cary E. O'Connor	<b>FACSIMILE:</b>  (571) 273-8300

### **MESSAGE**

The following documents are submitted with this Cover Sheet:

Reply to Office Action Mailed January 4, 2007  
Transmittal Sheet (in duplicate)

#### CONFIDENTIALITY NOTE:

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**PLEASE CONFIRM THE SAFE RECEIPT OF THIS TRANSMISSION**

Attorney's Reference: MICROM18.D06

In re the Application of: Philippe BOITEUX, ET AL.

Application No.: 10/534,267

Filed: May 6, 2005

For: PERIODONTAL THERAPY INSTRUMENT

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Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply for the above-identified application.

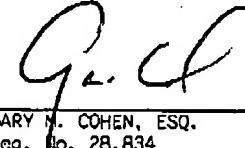
- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has previously been established.  
 No additional fee for claims is required.

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	OR ADDITIONAL FEE
<u>TOTAL</u>	<u>11</u>	<u>MINUS</u>	<u>20</u>	<u>=</u>
			<u>0</u>	<u>x 25 = \$</u>
<u>INDEPENDENT</u>	<u>1</u>	<u>MINUS</u>	<u>3</u>	<u>=</u>
			<u>0</u>	<u>x 100 = \$</u>
<u>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</u>				<u>+ 180 = \$</u>
				<u>TOTAL = \$</u>
				<u>OR</u>
				<u>TOTAL = \$</u>

- It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.136(a). The appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.

- | <u>Small Entity</u>  | <u>Other than Small Entity</u>               |
|--|--|
| Response filed within:   | Response filed within:                       |
| <input type="checkbox"/> first - \$ 50.00  | <input type="checkbox"/> first - \$ 120.00   |
| <input type="checkbox"/> second - \$225.00   | <input type="checkbox"/> second - \$ 450.00  |
| <input type="checkbox"/> third - \$510.00  | <input type="checkbox"/> third - \$1,020.00  |
| <input type="checkbox"/> fourth - \$795.00   | <input type="checkbox"/> fourth - \$1,590.00 |
| month after time period set  | month after time period set                  |
| <input type="checkbox"/> Please charge my Deposit Account No. 03-2405 in the amount of \$ _____.   | A duplicate copy of this sheet is attached.  |
| <input type="checkbox"/> A check in the amount of \$ _____ is attached.  |  |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-2405. A duplicate copy of this sheet is attached. |  |
| <input checked="" type="checkbox"/> Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.  |  |
| <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. §1.17.  |  |

April 4, 2007  
 (date)



GARY M. COHEN, ESQ.  
 Reg. No. 28,834  
 Attorney for Applicants  
 Telephone: (610) 975-4430

Attorney's Reference: MICROM18.D06

In re the Application of: Philippe BOITEUX, ET AL.

Application No.: 10/534,267

Filed: May 6, 2005

For: PERIODONTAL THERAPY INSTRUMENT

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APR 04 2007

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply for the above-identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has previously been established.  
 No additional fee for claims is required.

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	OR ADDITIONAL FEE
<u>TOTAL</u>	<u>11</u>	<u>MINUS</u> <u>20</u>	<u>=</u> <u>0</u>	<u>x</u> <u>25 = \$</u>
<u>INDEPENDENT</u>	<u>1</u>	<u>MINUS</u> <u>3</u>	<u>=</u> <u>0</u>	<u>x</u> <u>100 = \$</u>
<u>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</u>			<u>+ 180 = \$</u>	<u>+ 360 = \$</u>
			<u>TOTAL = \$</u>	<u>OR</u> <u>TOTAL = \$</u>

- It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.136(a). The appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.

- | <u>Small Entity</u>  | <u>Other than Small Entity</u>               |
|--|--|
| Response filed within:   | Response filed within:                       |
| <input type="checkbox"/> first - \$ 60.00  | <input type="checkbox"/> first - \$ 120.00   |
| <input type="checkbox"/> second - \$225.00   | <input type="checkbox"/> second - \$ 450.00  |
| <input type="checkbox"/> third - \$510.00  | <input type="checkbox"/> third - \$1,020.00  |
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| <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. §1.17.  |  |

April 4, 2007  
(date)

*G. Cohen*

GARY M. COHEN, ESQ.  
Reg. No. 28,834  
Attorney for Applicants  
Telephone: (610) 975-4430

APR 04 2007

PATENT  
microm18.d06IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of : Confirmation No. 1126  
Philippe BOITEUX, ET AL. : Group Art Unit 3732  
Application No. 10/534,267 : Examiner: Cary E. O'Connor  
Filing Date: May 6, 2005 : (571) 272-4715  
For a Patent for a :  
PERIODONTAL THERAPY INSTRUMENT : April 4, 2007

REPLY TO OFFICE ACTION MAILED JANUARY 4, 2007

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This Reply is filed responsive to the Office Action mailed in this matter on January 4, 2007. In conjunction with this Reply, kindly amend the above-identified patent application as shown below. In accordance with the requirements of 37 C.F.R. §1.121, amendments to the claims are reflected in the listing of claims which begins on page 2 of this Reply.